



PTO/SB/21 (01-08)

Approved for use through 01/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                        |
|--|------------------------|
| Application Number                       | 10/827,301-Conf. #2573 |
| Filing Date                              | April 20, 2004         |
| First Named Inventor                     | Michael B. Zemel       |
| Art Unit                                 | 1616                   |
| Examiner Name                            | Ernst V. Arnold        |
| Attorney Docket Number                   | 31894-202099           |
| Total Number of Pages in This Submission |                        |

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment and Response                | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | <b>Request for Continued Examination (RCE) Transmittal</b>                              |
| <input type="checkbox"/> IDS  | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| <b>Remarks</b>  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |               |          |        |
|--------------|---------------|----------|--------|
| Firm Name    | VENABLE LLP   |          |        |
| Signature    |               |          |        |
| Printed name | Zayd Alathari |          |        |
| Date         | June 18, 2008 | Reg. No. | 42,256 |

963813



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |  | <b>Complete if Known</b> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/827,301-Conf. #2573 |
| TOTAL AMOUNT OF PAYMENT   |  | Filing Date              | April 20, 2004         |
| (\$)  |  | First Named Inventor     | Michael B. Zemel       |
| 930.00  |  | Examiner Name            | Ernst V. Arnold        |
|   |  | Art Unit                 | 1616                   |
|   |  | Attorney Docket No.      | 31894-202099           |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>22-0261</u>  |
|  | Deposit Account Name: <u>Venable LLP</u>  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                              |                              |                                  |                              |                      |
|---|---------------------|---|------------------------------|------------------------------|----------------------------------|------------------------------|----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                              |                              |                                  |                              |                      |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                              |                              |                                  |                              |                      |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>FILING FEES</b>                                      | <b>SEARCH FEES</b>           | <b>EXAMINATION FEES</b>      |                                  | <b>Fees Paid (\$)</b>        |                      |
|   |                     | <b>Small Entity Fee (\$)</b>                            | <b>Small Entity Fee (\$)</b> | <b>Small Entity Fee (\$)</b> | <b>Small Entity Fee (\$)</b>     |                              |                      |
| Utility   | 310                 | 155   | 510                          | 255                          | 210                              | 105                          |                      |
| Design  | 210                 | 105   | 100                          | 50                           | 130                              | 65                           |                      |
| Plant   | 210                 | 105   | 310                          | 155                          | 160                              | 80                           |                      |
| Reissue   | 310                 | 155   | 510                          | 255                          | 620                              | 310                          |                      |
| Provisional   | 210                 | 105   | 0                            | 0                            | 0                                | 0                            |                      |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                              |                              |                                  |                              |                      |
|   |                     |   |                              |                              |                                  | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>      |
| <b>Fee Description</b>  |                     |   |                              |                              |                                  |                              |                      |
| Each claim over 20 (including Reissues)   |                     |   |                              |                              |                                  | 50                           | 25                   |
| Each independent claim over 3 (including Reissues)  |                     |   |                              |                              |                                  | 210                          | 105                  |
| Multiple dependent claims   |                     |   |                              |                              |                                  | 370                          | 185                  |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                      |
| - =   |                     | x   | =                            |                              | <b>Fee (\$)</b>                  |                              | <b>Fee Paid (\$)</b> |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                              |                              |                                  |                              |                      |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         |                                  |                              |                      |
| - =   |                     | x   | =                            |                              |                                  |                              |                      |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                              |                              |                                  |                              |                      |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                              |                              |                                  |                              |                      |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                              |                              |                                  |                              |                      |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         |                                  |                              |                      |
| - 100 =   | /50 =               | (round up to a whole number) x                          | =                            |                              |                                  |                              |                      |
| <b>4. OTHER FEE(S)</b>  |                     |   |                              |                              |                                  |                              |                      |
| Extension of Time Fee (one month)   |                     |   |                              |                              |                                  | 120.00                       |                      |
| Other (e.g., late filing surcharge): 1801/Request for Continued Examination (RCE)   |                     |   |                              |                              |                                  | 810.00                       |                      |

|                     |              |                                   |                |
|---------------------|--------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |              |                                   |                |
| Signature           |              | Registration No. (Attorney/Agent) | 42,256         |
| Name (Print/Type)   | Zayd Alathar | Telephone                         | (202) 344-4000 |
|                     |              | Date                              | June 18, 2008  |

963809